Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
MIDDLE DISTRICT OF FLORIDA	
Case number (if known)	Chapter you are filing under:
	■ Chapter 7
	Chapter 11
	□ ^{C hapter 12} □ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a $joint\ case$ —and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses $Debtor\ 1$ and $Debtor\ 2$ to distinguish between them. In joint cases, one of the spouses must report information as $Debtor\ 1$ and the other as $Debtor\ 2$. The same person must be $Debtor\ 1$ in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or	Kelly First name OBrien	First name
	passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Campbell Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Kelly Baker Kelly Baker Campbell	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8437	

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Debtor 1 Kelly OBrien Campbell Case number (if known)

Case 6:19-bk-05009-KSJ Doc 1 Filed 07/31/19 Page 3 of 79 Case number (if known) Debtor 1 Kelly OBrien Campbell About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have ■ I have not used any business name or EINs. ■ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 4241 Quail Nest Lane New Smyrna Beach, FL 32168 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Volusia County County If your mailing address is different from the one above, If Debtor 2's mailing address is different from yours, fill it in fill it in here. Note that the court will send any notices to you here. Note that the court will send any notices to this mailing at this mailing address. address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code

 Why you are choosing this district to file for bankruptcy Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
 Explain. (See 28 U.S.C. § 1408.)

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Kelly OBrien Campbell Kelly OBrien Campbell				Case number (if known)		
Dor						
7.	Tell the Court About Yo The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a	brief description of	f each, see <i>Notice Required by 17</i> go to the top of page 1 and check the a	1 U.S.C. § 342(b) for Individuals Filing fo	or
8.	How you will pay the fee	a bout how your order. If you a pre-printer. I need to pay Filling Fee in I request that is not require applies to you the	ou may pay. Typi r attorney is subm d address. y the fee in installi (Offic a Installments at my fee be waive ed to, waive your our family size and	ically, if you are paying the fee you nitting your payment on your behaments. If you choose this option, sial Form 103A). ed (You may request this option on fee, and may do so only if your incomposed you are unable to pay the fee in	h the clerk,s office in your local court for more irself, you may pay with cash, cashier,s check, your attorney may pay with a credit card of ign and attach the Application for Individuals by if you are filing for Chapter 7. By law, a just come is less than 150% of the official poverty installments). If you choose this option, you orm 103B) and file it with your petition.	ck, or money r check with to Pay The dge may, but y line that
9.	Have you filed for bankruptcy within the last 8 years?	No. Yes. District District		W hen W hen W hen	Case number Case number Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	No Pebtor District Debtor District		W hen W hen	Relationship to you Case number, if known Relationship to you Case number, if known	
11.	Do you rent your residence?	IN U.	No. Go to line 12	itial Statement About an Evictic	on Judgment Against You(Form 101A) and	file it as part

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Debt	or 1 Kelly OBrien Campl	bell		Case number _(ff known)		
Part	3: Report About Any Busin	nesses You	u Own as a Sole Proprietor			
12.	Are you a sole proprietor of					
12.	any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of bu	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach it to		Number, Street, City, St	ate & ZIP Code		
	this petition.		Check the appropria	nte box to describe your business:		
			☐ Health Care Bus	siness (as defined in 11 U.S.C. § 101(27A))		
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))		
				defined in 11 U.S.C. § 101(53A))		
			☐ Commodity Bro	ker (as defined in 11 U.S.C. § 101(6))		
			□ None of the abo	v e		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		v statement, and federal in	If ecourt must know whether you are a small business debtor so that it can set appropriate deadlines. Usiness debtor, you must attach your most recent balance sheet, statement of operations, become tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.		
	debtor?	■ No.	lam not filing under C	hapter 11.		
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).	□ No.	lam filing under Chap Code.	ter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		\square Yes.	lam filing under Chap	ter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	4: Report if You Own or H	ave Any H	azardous Property or Any	Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable	Yes.	W hat is the hazard?			
	hazard to public health or safety? Or do you own any					
	property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		W here is the property?	Number Street City State 8 Vin Code		
	-			Number, Street, City, State & Zip Code		

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Debtor 1 Kelly OBrien Campbell

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

■ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

A ttach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Y our case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

A ny extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

A ttach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Y our case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

A ny extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Kelly OBrien Camp	bell		Case number	(If known)			
Part	6: Answer These Questio	ns for Rep	orting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
		16b.						
			□ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe	e that are not consumer debts or business debts				
17.	Are you filing under Chapter 7?	□ N o .	I am not filing under Chapter 7	I am not filing under Chapter 7. Go to line 18.				
	Do you estimate that after any exempt property is	Yes.	that funds will be available to d	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		■ No □ Yes					
18.	How many Creditors do you estimate that you owe?	1-49 50-99 100-1 200-9	9 9	1,000-5,000 5001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	\$100,	50,000 01 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	\$1,000,001 - \$10 million \$10,000,001 - \$50 million \$50,000,001 - \$50 million \$50,000,001 - \$500 million	\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion			
20.	How much do you estimate your liabilities to be?	\$0 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$500,000 \$500,001 - \$1 million		\$1,000,001 - \$10 million \$10,000,001 - \$50 million \$50,000,001 - \$50 million \$50,000,001 - \$100 million \$100,000,001 - \$500 million	\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion			
Part	7: Sign Below							
For	you	I have exa	amined this petition, and I declar	e under penalty of perjury that the information p	rovided is true and correct.			
				am aware that I may proceed, if eligible, under C ler each chapter, and I choose to proceed under C				
			rney represents me and I did not pand read the notice required by 1	pay or agree to pay someone who is not an attorr 1 U.S.C. § 342(b).	ney to help me fill out this document, I have			
		I request	relief in accordance with the chap	pter of title 11, United States Code, specified in t	his petition.			
		can result	t in fines up to \$250,000, or impr	ncealing property, or obtaining money or propert isonment for up to 20 years, or both. 18 U.S.C. §				
			y OBrien Campbell Brien Campbell	Signature of Debtor 2				

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Debtor 1	Kelly OBrien Campbell		Case number _(if known)		
		July 31, 2019 MM/DD/YYYY	Executed on	MM / DD / Y Y Y Y	

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Debtor 1 Kelly OBrien Camp	bell	Case number _(If known)		
	I the atternay for the debter(a) nemed in this polition do	alara that I have informed	the debter(e) shout eligibility to pro	
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, de Chapter 7, 11, 12, or 13 of title 11, United States Code, a is eligible. I also certify that I have delivered to the debt 707(b)(4)(D) applies, certify that I have no knowledge at	and have explained the relic or(s) the notice required by	ef available under each chapter for y y 11 U.S.C.§342(b) and, in a case	w hich the person in w hich §
If you are not represented by an	incorrect.			
attorney, you do not need to file this page.	/s/ Sheryl S Zust Signature of Attorney for Debtor	Date	July 31, 2019 M M / D D / Y Y Y Y	
	Sheryl S Zust 0934259			
	Sheryl S Zust PA			
	4649 Clyde Morris Blvd. Suite 610			
	Port Orange, FL 32129 Number, Street, City, State & ZIP Code			
	Contact phone (386) 258 3900	E m a il a d d re s s		
	0934259 FL Barnumber & State		_	

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Fill in t	his information to identify your case	se:				
Debtor	1 Kelly OBrien Cam	npbell Middle Name	Last Name			
Debtor		Wildelt Wallic	Lastivamit			
(Spouse i	if, filing) First Name	Middle Name	Last Name			
United :	States Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case nu (if known)					☐ Check if t	his is an
					amended	filing
Offic	ial Form 106Sum					
	nary of Your Assets an				12/15	
of your :	mplete and accurate as possible. If schedules first; then complete the imprary and check the box at the top	information on this form. If				
Part 1:	Summarize Your Assets					
					Your asset Value of w	s hat you ow n
1. So	chedule A/B: Property (Official For . Copy line 55, Total real estate, fron	rm 106A/B) m Schedule A/B			\$	243,916.00
1 b	. Copy line 62, Total personal prope	rty, from Schedule A/B			\$	62,752.13
1c	. Copy line 63, Total of all property	on Schedule A /B			\$	306,668.13
Part 2:	Summarize Your Liabilities					
	Garrina 120 i Gar 2 i admirio				Your liabi	litios
					A mount yo	
2. S 2a	chedule D: Creditors Who Have Clai . Copy the total you listed in Columi	ims Secured by Property ^{(Off} ^{nA} , Amount of claim, ^{at the}	icial Form 106D) bottom of the last page of Part 1 of	Schedule D	\$	220,367.71
3. Sc 3a	chedule E/F: Creditors Who Have Ui . Copy the total claims from Part 1 (<i>nsecured Claim</i> s ^{(O} fficial Fo (priority unsecured claims) fr	rm 106E/F) om line 6e of <i>Schedule E/F</i> ······		\$	0.00
3 b	. Copy the total claims from Part 2	(nonpriority unsecured claims	s) from line 6j of <i>Schedule E/F</i> ······		\$	4,170.00
				Your total liabilities	\$	224,537.71
Part 3:	Summarize Your Income and E	Expenses				
4. <i>S</i> c	chedule 1: Your Income (Official Formathy your combined monthly income	m 1061) from line 12 of <i>Schedule I</i>			\$	5,287.35
	chedule J: Your Expenses (Official Fo				\$	5,270.00
Part 4:	Answer These Questions for A					
6. A	re you filing for bankruptcy under 1 No. You have nothing to report o		k this box and submit this form to th	ne court with your other sc	hedules.	
7. W	Yes hat kind of debt do you have?					

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Case 6:19-bk-05009-KSJ Doc 1 Filed 07/31/19 Page 11 of 79

Debtor 1	Kelly OBrien Campbell	Case number <i>(if known</i>)
	Your debts are not primarily consumer debts your other schedules.	You have nothing to report on this part of the form. Check this box and submit this form to the court with

From the Statement of Your Current Monthly Income Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E.F.:

	Total claim	
From Part 4 on Schedule E.F., copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
⁹ g. Total . Add lines 9a through 9f.	\$	0.00

Casa 6:10_hk_05000_KS1

	Case 6.19-DK-0	12008-K21 D0	CT Filed 07/31/19	raye	12 01 79	
Fill in this in	formation to identify your case and t	nis filing:				
Debtor 1	Kelly OBrien Campbell	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Last Name			
Unite d S ta te	s Bankruptcy Court for the: MIDD	LE DISTRICT OF FLOR	₹ ID A			
Case numbe			_			□ Check if this is an amended filing
	Form 106A/B					
	Ile A/B: Property y, separately list and describe items. List a	n asset only once. If an asset	at fits in more than one category, list (he asset in the	category where	12/15 e you think it fits best. Be as
complete and a	ccurate as possible. If two married people a to this form. On the top of any additional p	are filing together, both are o	equally responsible for supplying cor	rect informati		
Part 1: Desc	ribe Each Residence, Building, Land, or O	ther Real Estate You Own o	or Have an Interest In			
1.1 4241 (ere is the property? Quail Nest Lane ress, if available, or other description	Single-fami Duplex or n Condominit	rty? Check all that apply ily home multi-unit building ium or cooperative	amount of an	et secured claims y secured claims <i>laims Secu</i> red by	or exemptions. Put the On Schedule D: Creditors Property
New S	Smyrna Beach FL 32168-000 State ZIP Code		red or mobile home	Describe the	rty? 13,916.00 enature of your	Current value of the portion you own? \$243,916.00 ownership interest (such e entireties, or a life
		Who has an intere ■ Debtor 1 on	est in the property? Check one	estate), if kn		
Volusi: County	a	Debtor 2 on Debtor 1 an At least one	nly nd Debtor 2 only e of the debtors and another n you wish to add about this item, suc	Check (see instr	if this is commu	nity property
attached	dollar value of the portion you own for Part 1. Write that number here			or pages you	have	\$243,916.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

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Debt	tor 1 Kelly OBrien C	ampbell			Case number <i>(if known</i>)		
3. Ca	ars, vans, trucks, tractors,	, sport utility vehicle:	s, motor cycles				
	N o						
	Yes						
3.1	Make: Volkswage	n	Who has an interest in the pro	operty? ^{Check one}		red claims on S	chedule D: Creditors
	M odel: Bug Y ear: 2001		■ Debtor 1 only □ Debtor 2 only		Who Have Claims:	,	•
	Approximate mileage:		Debtor 1 and Debtor 2 only		Current value of t entire property?		rent value of the ion you own?
	Other information:		\blacksquare At least one of the debtors a	nd another			
	VIN No.: 3VWCS210	CX1M407539	Check if this is community (see instructions)	property	\$1,00	0.00	\$1,000.00
□ □ 5 A ·a	No Yes Add the dollar value of the ttached for Part 2. Write 3: Describe Your Personal	e portion you own for that number here and Household Items	all of your entries from Part	2, including any entr		portion Do not	\$1,000.00 Int value of the n you own? deduct secured or exemptions.
E	ousehold goods and furnis Examples: Major appliances INO Yes. Describe	, furniture, linens, chi	na, kitchenware Dining Room Set, Bedroo Microwave, Small Applian				
		Pictures, Lawnmo			Tal 67		\$1,200.00
E	ectronics Examples: Televisions and r phones, camera No Yes. Describe	s, media players, gam				lectronic devid	ces including cell
		TV (3), Cell Phon Tapes.	es (3), CD Player, VCR/D	VD Player (2), DVD	rs/Video		\$465.00
E	ollectibles of value Examples: Antiques and figu collections, mer No Yes. Describe	urines; paintings, print morabilia, collectibles	s, or other artwork; books, pict	ures, or other art object	is; stamp, coin, or basebal	l card collection	ons; other
E	quipment for sports and h Examples: Sports, photograp instruments No Yes. Describe	obbies hic, exercise, and oth	er hobby equipment; bicycles,	pool tables, golf clubs,	skis; canoes and kayaks;	carpentry tool	s; musical

Official Form 106A/B Schedule A/B: Property page 2

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Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ Yes. Describe Misc. Jewelry & Costume Jewelry.	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe Clothes. 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe Misc. Jewelry & Costume Jewelry. 13. Non-farm animals Examples: Dogs, cals, birds, horses No Yes. Describe	\$100.00
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe Clothes. 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe Misc. Jewelry & Costume Jewelry. 13. Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe	
Clothes.	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe Misc. Jewelry & Costume Jewelry. Non-farm animals Examples: Dogs, Cats, birds, horses No Yes. Describe	\$145.00
13. Non-farm animals Examples: Dogs, cats, birds, horses □ No ■ Yes. Describe	
Examples: Dogs, cats, birds, horses □ No ■ Yes. Describe	\$500.00
Dogs (2)	
[DOGS (2):	\$2.00
 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No □ Y es. Give specific information 	
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$2,412.00
Part 4: Describe Your Financial Assets	
portion yo Do not ded	value of the ou own? duct secured exemptions.
16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No Yes	
17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar instinates have multiple accounts with the same institution, list each.	itutions. If you
No ■ Y es Institution name:	
17.1. Checking Bank of America (#1563)	\$499.21

Official Form 106A/B Schedule A/B: Property page 3

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D	ebtor 1	Kelly OBrie	n Campbe	ell		Case number <i>(if known</i>)	
			17.2.	Savings	Bank of America (#3012)		\$5.92
18.	· Bonds, m Example	utual funds, c ss: Bond funds	or publicly t investment	tr aded stocks accounts with broker	age firms, money market accounts		
	☐ Y es			Institution or issuer	name:		
19.	· Non-publ ■ No	icly traded st	ock and int	erests in incorporate	ed and unincorporated businesses, including	an interest in an LLC, partnership, and join	nt venture
	☐ Yes. G	ive specific in		bout them me of entity:		% of ownership:	
20.	Negotial Non-neg ■ N o	hla instrument	sinclude per <i>nent</i> s ^{are tho}	sonal checks, cashiers se you cannot transfe	e and non-negotiable instruments s' checks, promissory notes, and money orders r to someone by signing or delivering them.		
	☐ 1 es. G	ive specific ini		uer name:			
21.	Example No		IR A , E R IS A		(b), thrift savings accounts, or other pension or	profit-sharing plans	
	Y es. Li	st each accour	. ,	of account:	Institution name:		
			401(k)	TIAA- Embry Riddle		58,835.00
22.	Security of Your shall Example	deposits and p re of all unuse ss: A greements	orepayment d deposits y with landlo	S ou have made so that rds, prepaid rent, pub	you may continue service or use from a compa lic utilities (electric, gas, water), telecommunio	any cations companies, or others	
					Institution name or individual:		
23.	Annuities ■ No	s(A contract fo	r a periodic	payment of money to	you, either for life or for a number of years)		
	☐ Y es		Issuer name	e and description.			
24.	· Interests i 26 U.S.C. ■ No	n an educatio §§ 530(b)(1),	n IRA, in a 529A(b), an	n account in a qualif d 529(b)(1).	fied ABLE program, or under a qualified sta	ate tuition program.	
	☐ Y es		Institution r	name and description.	Separately file the records of any interests.11	U.S.C. § 521(c):	
25.	N ₀				than anything listed in line 1), and rights or	r powers exercisable for your benefit	
	_	ive specific in					
26.	Patents, on Example ■ No	copyrights, tra s: Internet don	ademarks, t rain names,	rade secrets, and oth websites, proceeds fr	ner intellectual property om royalties and licensing agreements		
	☐ Yes. G	ive specific in	formation a	bout them			
27.	· Licenses, Example ■ No	franchises, ar _{SS:} Building pe	nd other gen rmits, exclus	neral intangibles sive licenses, coopera	tive association holdings, liquor licenses, profe	essional licenses	
	☐ Yes. G	ive specific in	formation a	bout them			
M	oney or pr	operty owed t	to you?			Current value portion you ow Do not deducts	

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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D	ebtor 1	Kelly OBrien Campbell	Case number (if known)	
28.	Tax refu	unds owed to you		
	■ N o ■ Y es. G	Give specific information about them, including whether you already filed	d the returns and the tax years	
29.	■ No	support Nes: Past due or lump sum alimony, spousal support, child support, mainte Give specific information	nance, divorce settlement, property settlement	
30.	Other ar	mounts someone owes you Nes: Unpaid wages, disability insurance payments, disability benefits, sick you made to someone else	pay, vacation pay, workers' compensation, Soc	ial Security benefits; unpaid loan:
	☐ Yes.	Give specific information		
31.	Interests Example	s in insurance policies Nes: Health, disability, or life insurance; health savings account (HSA); cr	edit, homeow ner's, or renter's insurance	
	_	Name the insurance company of each policy and list its value. Company name:	B eneficiary:	Surrender or refund value:
32.	N o	erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance Give specific information	policy, or are currently entitled to receive prope	rty because someone has died.
33.	Exampl ■ N o	against third parties, whether or not you have filed a lawsuit or made Nes: A ccidents, employment disputes, insurance claims, or rights to sue Describe each claim	e a demand for payment	
34.	N o	ontingent and unliquidated claims of every nature, including counter	claims of the debtor and rights to set off claim	ns
1 F	_	Describe each claim		
30.	■ No	ancial assets you did not already list Give specific information		
36		he dollar value of all of your entries from Part 4, including any entries that number here		\$59,340.13
Pa	art 5: Des	scribe Any Business-Related Property You Own or Have an Interest In. List an	ny real estate in Part 1.	
37.	Do you ow	wn or have any legal or equitable interest in any business-related property? to Part 6.		
	Yes. Go	o to line 38.		
Pa	art 6: Des	scribe Any Farm- and Commercial Fishing-Related Property You Own or Hav ou own or have an interest in farmland, list it in Part 1.	e an Interest In.	
46.	No. 0	own or have any legal or equitable interest in any farm- or commerci	al fishing-related property?	
		Go to line 47.		
Pa	art 7:	Describe All Property You Own or Have an Interest in That You Did Not Li	St A DOVE	

Official Form 106A/B Schedule A/B: Property page 5

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Debt	or 1 Kelly OBrien Campbell		Case number <i>(if known</i>)	
	o you have other property of any kind you did not already list? Examples: Season tickets, country club membership No			
] Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$243,916.00
56.	Part 2: Total vehicles, line 5	\$1,000.00		
57.	Part 3: Total personal and household items, line 15	\$2,412.00		
58.	Part 4: Total financial assets, line 36	\$59,340.13		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$62,752.13	Copy personal property tota	\$62,752.13
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$306,668.13

Official Form 106A/B Schedule A/B: Property page 6

Fil	II in this inform	ation to identify your case:				1			
De	btor 1	Kelly OBrien Campbell	Alddla Nama						
D e	btor 2	First Ma m e	Aiddle Name	L	ast Name				
(S p	ouse if, filing)	First Name	Middle Name	L	ast Name				
Un	nited States Ba	nkruptcy Court for the: MIDD	LE DISTRICT OF FLO	R ID A					
	se number								
(if k	known)					☐ Check if this is an amended filing			
01	fficial Fo	rm 106C							
Sc	chedule (C: The Property Yo	u Claim as Ex	kem	pt	4/19			
the nee cas For am Sor Ho pro	property you leded, fill out and enumber (if kereach item of pount as exempleme exemptions) wever, if you cloperty is detern	isted on Schedule A/B: Property Id attach to this page as many conown). Property you claim as exempt, you It. Alternatively, you may claim the — such as those for health aids, riglaim an exemption of 100% of fair	official Form 106 A/B) as pies of Part 2: Addition must specify the amount of the fair market value of the fair market value under a liexemption would be lim	nal Pagent of the penefits aw th:	r source, list the property that you cla as necessary. On the top of any a ge ne exemption you claim. One way of c	dditional pages, write your name and loing so is to state a specific dollar nount of any applicable statutory limit. may be unlimited in dollar amount.			
1.	Which set of	exemptions are you claiming? Ch	eck one only, even if your	spous	se is filing with you.				
	You are c	laiming state and federal nonban	kruptcy exemptions. 1	11 U.S	S.C.§ 522(b)(3)				
	□ You are c	laiming federalexemptions. 11	U.S.C. § 522(b)(2)						
2.	For any prop	For any property you list on <i>Schedule A.B</i> that you claim as exempt, fill in the information below.							
	Brief description AB that lists the	on of the property and line on <i>Schedul</i> e nis property	Current value of the portion you own Copy the value from Schedule A/B	portion you own Copy the value from Check only one box for each exemption.		Specific laws that allow exemption			
		Nest Lane New Smyrna	\$243,916.00		\$243,916.00	Fla. Const. art. X, § 4(a)(1); Fla.			
	1 ! f	32168 Volusia County hedule A/B [:] 1.1			100% of fair market value, up to any applicable statutory limit	Stat. Ann. §§ 222.01 & 222.02			
	2001 Volks		\$1,000.00		\$1,000.00	Fla. Stat. Ann. § 222.25(1)			
VIN No.: 3VWCS21CX1M407539 Line from Schedule A/B 3.1				100% of fair market value, up to any applicable statutory limit					
		n Set, Dining Room Set,	\$1,200.00		\$1,200.00	Florida Common Law, Tenants			
	Refrigerato Appliances, Lawnmowe	et (3), Washer, Dryer, r (2), Microwave, Small , Misc. Kitchenware, Pictures, r, Tools. hedule A/B			100% of fair market value, up to any applicable statutory limit	by Entireties			
		Phones (3), CD Player,	\$465.00		\$465.00	Florida Common Law, Tenants			
	Tapes.	Player (2), DVD's/Video hedule A/B [:] 7.1			100% of fair market value, up to any applicable statutory limit	by Entireties			

Official Form 106C

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oter 1 Kelly OBrien Camp	bell		Case number (if known)	
Brief description of the property AB that lists this property	and line on <i>Schedule</i> Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption
Kayak. Line from Schedule A/B 9.1	\$100.C	<u>00</u> ■	\$100.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Clothes. Line from Schedule A/B 11.	s145.0	<u>00</u>	\$145.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Misc. Jewelry & Costume Line from Schedule A/B 12.		<u>00</u> ■	\$500.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Dogs (2). Line from Schedule A/B 13.	\$2.0	00	\$2.00 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Checking: Bank of Ameri Line from Schedule A/B 17.	Ψ Τ / / . 2	<u>21</u> ■	\$499.21 100% of fair market value, up to any applicable statutory limit	Florida Common Law, Tenant by Entireties
Savings: Bank of America Line from Schedule A/B 17.2		9 <u>2</u>	\$5.92 100% of fair market value, up to any applicable statutory limit	Florida Common Law, Tenant by Entireties
401(k): TIAA- Embry Ride Line from Schedule A/B 21.7		<u>00</u> ■	\$58,835.00 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.21(2)
(Subject to adjustment on 4 No	nd exemption of more than \$170,350? /01/22 and every 3 years after that fo ne property covered by the exemptio		·	

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				9	
Fill in this information	to identify your ca	se:			
Debtor 1	Kelly OBrien Cam	npbell Middle Name Last Name		-	
Debtor 2					
(Spouse if, filing) F	irs t Name	Middle Name Last Name		-	
United States Bankru	ptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		_	
Case number					
(if known)					if this is an ed filing
∟ Official Form 1()				-
		Have Claims Secured by Property			12/15
		married people are filing together, both are equally responsion and attach it to this form. On the top of any additional page			e is needed, copy the
1. Do any creditors have c		. , ,	s, write your name and t	case number (ii known).	
•	, ,	form to the court with your other schedules. You have n	othing else to report o	n this form.	
	of the information be	•	3		
	cured Claims		Calina A	Cali man D	C-1, C
2. List all secured claims. claim. If more than one cr the claims in alphabetical c	editor has a particular c	han one secured claim , list the creditor separately for each laim , list the other creditors in Part 2 . A s much as possible , list reditor's name .	Column A Amount of claim Do not deduct the value of collateral.	Colum B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Bank of Ameri	ca	Describe the property that secures the claim:	\$85.090.71	\$243,916.00	\$0.00
Creditor's Name Attn: Bankrupt	tcy	4241 Quail Nest Lane New Smyrna Beach, FL 32168 Volusia County	+00/070111	<u> </u>	
NC4-105-02-7 Po Box 26012		As of the date you file, the claim is: Check all that apply.			
Greensboro, N		☐ Contingent			
Number, Street, City, S		☐ U n liquidated			
		Disputed			
Who owes the debt? Ch	eck one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or secured car loan)			
Debtor 2 only	anlı				
☐ Debtor 1 and Debtor 2 ☐ At least one of the debt	•	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judqment lien from a law suit			
Check if this claim re		Other (including a right to offset)			
	Opened 3/06/06 Last				
Date debt was incurred	Active 6/14/19	Last 4 digits of account number 9099			

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Debtor 1 Kelly OBri	en Campbell		C a	se number (if known)		
First Name	* Middle Na	m e Last Name				
Loan Care Ser	vicing	Describe the property that secures the claim:		\$135,277.00	\$243,916.00	\$0.00
Creditor's Name Attn: Consume	r Solutions	4241 Quail Nest Lane New Smyrn Beach, FL 32168 Volusia County	a			
Dept Po Box 8068 <u>Virginia Beach</u>	, VA 23450	As of the date you file, the claim is: Check all the Contingent	nat apply.			
Number, Street, City, St	ate & Zip Code	Unliquidated				
Who owes the debt? Che	ck one.	☐ Disputed Nature of lien. ^{Check} all that apply.				
■ Debtor 1 only ■ Debtor 2 only		An agreement you made (such as mortgage loan)	or secured car			
Debtor 1 and Debtor 2 of	only	☐ Statutory lien (such as tax lien, mechanic's I	ien)			
At least one of the debto	ors and another	☐ Judgment lien from a lawsuit				
Check if this claim related	ates to a community	Other (including a right to offset)				
Date debt was incurred	Opened 09/05 Last Active	Last A digits of account number	8969			
Date dept was incurred	7/03/19	Last 4 digits of account number	0707			
		nn A on this page. Write that number here:		\$220,367.7	<u>'1</u>	
If this is the last page of Write that number here		lollar value totals from all pages.		\$220,367.7	<u>'1</u>	
Part 2: List Others to	o Be Notified for a	Debt That You Already Listed				
you for a debt you owe to	someone else, list the	fied about your bankruptcy for a debt that you creditor in Part 1, and then list the collection a s here. If you do not have additional persons to	agency here. Sin	milarly, if you have more th	nan one creditor for any of	the debts that
Name, Number, Str	eet, City, State & Zip	Code	On which lir	ne in Part 1 did you enter the	creditor? 2.1	
Bank of Ameri PO Box 66080	07			of account number		
Dallas, TX 752	266-0807					
	eet, City, State & Zip	Code	On which lir	ne in Part 1 did you enter the	creditor? <u>2.1</u>	
Bank of Ameri PO Box 26249 Tampa, FL 33)		Last 4 digits	of account number		
Name, Number, Str	eet, City, State & Zip	Code			2.2	
Loancare PO Box 37628				ne in Part 1 did you enter the of account number	creditor? _2.2_	
	PA 19101-0628					

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Fill	in this informa	ition to identify your case						
De	btor 1	Kelly OBrien Camp	bell					
		First Name	Middle Name		Last Name			
	btor 2 ouse if, filing)	First Name	Middle Name		Last Name			
(3 h	ouse ii, iiiiig)	I II S C IV a III C	Wild Life IN a life		Lastivanic			
Un	ite d S ta te s B a r	nkruptcy Court for the:	MIDDLE DISTRIC	CT OF FLOF	R ID A			
C a	se number							
(if k	nown) —							heck if this is an mended filing
0 f	ficial Form	106E/F						
Sc	hedule E/F	: Creditors Who	Have Unseco	ured Cla	nims			12/15
cont and Prop info	racts or unexpired Unexpired Leases perty. If more spar rmation to report	d leases that could result in a s (Official Form 106G). Do no ce is needed, copy the Part yo	claim. Also list execut of include any creditor ou need, fill it out, num of t. On the top of any ac	ory contracts swith partiall ber the entrie	on Schedule A/ y secured claim s in the boxes o	or creditors with NONPRIORI B: Property (Official Form 10; st hat are listed in Schedule D: n the left. Attach the Continua me and case number (if known	6A/B) and on Sched Creditors Who Ha tion Page to this pa	ule G: Executory Contracts ve Claims Secured by
1.	No. Go to Par	s have priority unsecured cla	ims against you?					
	Yes.	112.						
	— 1 03.							
Pa	rt 2: List All	of Your NONPRIORITY	/ Unsecured Claims	3				
3.	Do any creditors	s have nonpriority unsecured	claims against you?					
	□ No. You have	e nothing to report in this part.	Submit this form to the	ourt with your	r other schedules			
	Yes.							
4.	List all of your r creditor separately list the other cred	nonpriority unsecured claims y for each claim. For each clai itors in Part 3.If you have more	in the alphabetical ord n listed, identify what ty e than three nonpriority	der of the cred ope of claim it unsecured clair	litor who holds is. Do not list cla ms fill out the Co	each claim. If a creditor has moi aims already included in Part 1. I ontinuation Page of Part 2.	re than one nonpriori f more than one cred	ty unsecured claim, list the itor holds a particular claim,
								Total claim
4.1		Health New Smyrna Be	each Last	4 digits of acco	ount number	All Accounts		Unknown
	PO Box 8		When	was the debt	incurred?			
		FL 32886-5512 eet City State Zip Code	As of	the date you f	file, the claim is:	Check all that apply		
		red the debt? ^{Check} one.	□ C	ontingent				
	Debtor 1	•	□U	nliquidated				
	Debtor 2	,	□ D	isp u te d				
	_	1 and Debtor 2 only		of NONPRIO	RITY unsecure	ed claim:		
	_	one of the debtors and another		udent loans				
		f this claim is for a communi n subject to offset?	,	bligations arisi ority claims	ng out of a separ	ation agreement or divorce that y	you did not report	
	■ No		D	ebts to pension	or profit-sharing	g plans, and other similar debts		
	Y es		■ 0	ther. Specify	Medical			

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Debtor	1 Kelly OBrien Campbell	Case number (if known)	
4.2	AdventHealth New Smynra Beach Nonpriority Creditor's Name PO Box 865512 Orlando, FL 32886-5512 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number All Accounts When was the debt incurred? As of the date you file, the claim is: Check all that apply	Unknown
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical	
4.3	Apria Healthcare Nonpriority Creditor's Name PO Box 536841 Atlanta, GA 30353 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Medical	Unknown
4.4	Apria Healthcare Nonpriority Creditor's Name PO Box 536841 Atlanta, GA 30353 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical	Unknown

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Debtor	1 Kelly OBrien Campbell			Case number (if known)		
4.5	Bank of America Nonpriority Creditor's Name	Last 4 digits of account	number	_2877	Unknown	
	Attn: Bankruptcy Po Box 982238 El Daco TV 70009	When was the debt incu	rred?	Opened 09/05 Last Active 3/22/13		
	El Paso, TX 79998 Number Street City State Zip Code	As of the date you file, t	ne claim is: (Check all that apply		
	Who incurred the debt? Check one.	□ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY	unsecured	claim:		
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising ou as priority claims	t of a separat	ion agreement or divorce that you did not report		
	N o	Debts to pension or pr	ofit-sharing	plans, and other similar debts		
	Yes	Other. Specify Ch	narge Off			
4.6	Capital One Bank Usa N.A. Nonpriority Creditor's Name	Last 4 digits of account	number	9789	\$699.00	
	c/o Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd	When was the debt incu	rred?	Opened 06/18 Last Active 09/16		
	Norfold, VA 23502 Number Street City State Zip Code	As of the date you file, the	no olaim ici (Check all that apply		
	Who incurred the debt? Check one.		ie ciaiii is.			
	■ Debtor 1 only	Contingent				
	Debtor 2 only	□ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed	<i>(</i>	el aten.		
	☐ At least one of the debtors and another	Type of NONPRIORITY Student loans	runsecurea	ciaim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising ou as priority claims				
	■ No	Debts to pension or pr				
	Yes	Other. Specify Co	ollection			
4.7	Citibank/The Home Depot Nonpriority Creditor's Name	Last 4 digits of account	number	1934	\$418.00	
	Attn: Recovery/Centralized Bankruptcy Po Box 790034	When was the debt incu	rred?	Opened 05/16 Last Active 6/10/19		
	St Louis, MO 63179 Number Street City State Zip Code	As of the date you file, t	ne claim is: (Check all that apply		
	Who incurred the debt? Check one.	□ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	□ Disputed				
	Debtor 1 and Debtor 2 only	_ ·	Type of NONPRIORITY unsecured claim:			
	lacksquare At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising ou as priority claims	t of a separat	ion agreement or divorce that you did not report		
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Y es	Other. Specify Ch	narge Acc	ount		

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Debtor	1 Kelly OBrien Campbell		Case number (if known)			
4.8	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	_2848	\$1,547.00		
	c/o Midland Funding 2365 Northside Dr Ste 300	When was the debt incurred?	Opened 06/17 Last Active 09/16			
	San Diego, CA 92108 Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	as priority claims	ation agreement or divorce that you did not report			
	■ No	Debts to pension or profit-sharing	η plans, and other similar debts			
	Yes	Other. Specify Collection				
4.9	Comenity Bank/Bealls Florida Nonpriority Creditor's Name	L ast 4 digits of account number	5948	Unknown		
	Attn: Bankruptcy		Opened 12/13/14 Last Active			
	Po Box 182125	When was the debt incurred?	09/16			
	Columbus, OH 43218 Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply			
	Who incurred the debt? Check one.	□ Contingent				
	Debtor 1 only	□ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:			
	☐ At least one of the debtors and another	■ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separ as priority claims	ation agreement or divorce that you did not report			
	N o	Debts to pension or profit-sharing	plans, and other similar debts			
	☐ Y es	■ Other. Specify Charge Of	f			
4.10	Credit First National Association Nonpriority Creditor's Name	L ast 4 digits of account number	3714	\$183.00		
	Attn: Bankruptcy Po Box 81315	When was the debt incurred?	Opened 03/15 Last Active 06/19			
	Cleveland, OH 44181 Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply			
	Who incurred the debt? Check one.	□ Contingent				
	Debtor 1 only	Unliquidated Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	_	Student loans	office agreement or diverse that you did not you			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separ as priority claims	ation agreement or divorce that you did not report			
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts			
	☐ Y es	Other. Specify Charge Ac	count			

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Debtor	1 Kelly OBrien Campbell		Case number (if known)	
4.11	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	8150	Unknown
	Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	Opened 04/14 Last Active 09/16	-
	Las Vegas, NV 89193 Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply	
	Who incurred the debt? Check one.	_	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ation agreement or divorce that you did not report	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Charge Of	f	-
4.12	Credit One Bank N.A. Nonpriority Creditor's Name	Last 4 digits of account number	8150	\$1,073.00
	• •	-		
	c/o LVNV Funding/Resurgent Capital Attn: Bankruptcy	When was the debt incurred?	Opened 04/17 Last Active 5/24/19	
	Po Box 10497	Triidi Habitio abbi mbari bar	3/24/17	-
	Greenville, SC 29603 Number Street City State Zip Code		Chack all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is:	Check an that apply	
	Debtor 1 only	□ Contingent		
	Debtor 2 only	□ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	_	Student loans		
	LI Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separ as priority claims	ation agreement or divorce that you did not report	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Y es	■ Other. Specify Collection		
		■ Other. Specify Collection		-
4.13	East Central FL Outpt Imaging LLC Nonpriority Creditor's Name	Last 4 digits of account number	All Accounts	Unknown
	PO Box 678454 Dallas, TX 75267	When was the debt incurred?		-
	Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply	
	Who incurred the debt? Check one.	□ Contingent		
	Debtor 1 only	□ Unliquidated		
	Debtor 2 only	□ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separ as priority claims		
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Y es	■ Other. Specify Medical		
		, ,		

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Debtor	1 Kelly OBrien Campbell	Case number (if known)	
4.14	Midland Funding Nonpriority Creditor's Name	Last 4 digits of account number <u>All Accounts</u>	Unknown
	PO Box 740616	When was the debt incurred?	
	Atlanta, GA 30374 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection	
4.15	My Port Orange Dentist Nonpriority Creditor's Name	Last 4 digits of account number All Accounts	Unknown
	938 Bridgewater Dr. Unit 3B		
	Port Orange, FL 32129 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	□ Unliquidated	
	☐ Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.16	Radiology Imaging Associates Nonpriority Creditor's Name	Last 4 digits of account number All Accounts	Unknown
	PO Box 678436	When was the debt incurred?	
	Dallas, TX 75267-8436 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	□ Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed Type of NONDRIORITY upsecured claim:	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	

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Debtor 1	Kelly OBrien Campbell		Case number (_{if known})								
4.17	Synchrony Bank/Care Credit	Last 4 digits of account number	6579	\$250.00							
	Attn: Bankruptcy Dept Po Box 965060	When was the debt incurred?	Opened 06/16 Last Active 5/18/18								
-	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply								
	Who incurred the debt? Check one.	□ Contingent									
	Debtor 1 only	□ Unliquidated									
	Debtor 2 only	Disputed									
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:								
	☐ Check if this claim is for a community debt	<u> </u>	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report								
	Is the claim subject to offset?	as priority claims									
	N 0	☐ Debts to pension or profit-sharing	ng plans, and other similar debts								
	Yes	Other. Specify Charge A	ccount								
4.18	Synchrony Bank/Walmart Nonpriority Creditor's Name	L ast 4 digits of account number	1523	Unknown							
	Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 05/15 Last Active 08/16								
-	Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim i	_{S:} Check all that apply								
	Who incurred the debt? Check one.	☐ Contingent									
	■ Debtor 1 only □ Unliquidated										
	Debtor 2 only	Disputed									
	□ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: □ At least one of the debtors and another □ Student loans										
								Let Check if this claim is for a community debt is the claim subject to offset?	as priority claims	rration agreement or divorce that you did not report	
		■ No									
	Yes	Other. Specify Charge O	lff								
Part 3:	List Others to Be Notified About a Debt	That You Already Listed									
from yo	ou for a debt you owe to someone else, list the origits that you listed in Parts 1 or 2, list the additiona	inal creditor in Parts 1 or 2, then list the	ady listed in Parts 1 or 2. For example, if a collection collection agency here. Similarly, if you have more th onal persons to be notified for any debts in Parts 1 or	an one creditor for any of							
Name and		On which entry in Part 1 or Part 2 did you	list the original creditor? Part 1: Creditors with Priority Unsecured Claims								
	Health dge St.	Line 4.1 of (<i>Check one</i>):	Part 2: Creditors with Nonpriority Unsecured Claims	n s							
	e, VA 24541	Last 4 digits of account number									
Name and	Address	On which entry in Part 1 or Part 2 did you	•								
ARstra	t LLC (790113	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Claims								
	ouis, MO 63179-0113		Part 2: Creditors with Nonpriority Unsecured Claim	n s							
		Last 4 digits of account number									
Name and		On which entry in Part 1 or Part 2 did you	ů								
	Recovery Solutions Devon Ave Ste 200	Line 4.18 of (<i>Check one):</i>	Part 1: Creditors with Priority Unsecured Claims								
	aines, IL 60018	■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number									
Name and	Address	On which entry in Part 1 or Part 2 did you	list the original creditor?								
	Chatani, Esq.	Line 4.14 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims								
PO Box	(290335	·	Part 2: Creditors with Nonpriority Unsecured Claim	n s							

Official Form 106 E/F

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Debtor 1 Kelly OBrien Campbell	Case number (if known)	
Tampa, FL 33687	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6 b.	Taxes and certain other debts you owe the government	6 b.	\$	0.00
6c.	, ,	6c.	s —	
6 d		6 d	. —	0.00
ou.	Other. And an other priority unsecured claims. Write that amount here.	ou.	•	0.00
6 e .	Total Priority. Add lines 6a through 6d.	6 e .	\$	0.00
				Total Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did			
	not report as priority claims	•	\$	0.00
6 h.	Debts to pension or profit-sharing plans, and other similar debts	6 h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6 i.	\$	4,170.00
				<u> </u>
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	4,170.00
	6c. 6d. 6e. 6f. 6g. 6h.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. Student loans 6f. \$ 6g. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. \$ 6c. \$ 6d. \$

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Fill in this information to identify your case:							
Debtor 1	Kelly OBrien Camp	bbell Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF	F L O R ID A				
Case number							
(if known)					☐ Check if this is an		
					a m e n d e d filin g		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Persor	or company with	whom you have the	contract or lease	State what the contract or lease is for
	1 0 301	Name, Number,	whom you have the , Street, City, State and ZIP C	ode	Citato What the don't dot of Todas 1510.
2.1					
	Name				
	Number	S tre e t			
	C ity		S ta te	Z IP C o d e	
2.2	City		3 14 15	ZIF Coue	
2.2	Name				<u> </u>
	Num o				
	Number	S tre e t			<u> </u>
	City		S ta te	ZIP Code	
2.3					
	Name				
	Number	S tre e t			
- 2.4	City		S ta te	ZIP Code	
2.4					
	Name				
	Number	C tra a t			
	Number	S tre e t			
	City		S ta te	ZIP Code	<u></u>
	-,				

Official Form 106G

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Debtor	Kelly OBrien Campbell	Case number (if known)
	Additional Page if You Have More Contracts or Leases	
	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.5		
!	Name	
٦	Number Street	

ZIP Code

City

S ta te

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					_	
Fill in this	information to identify your case	: :				
Debtor 1	Kelly OBrien Camp	bell				
Debtor 2	First Mame	Middle Name	Last Name			
(Spouse if, fi	ing) First Name	Middle Name	Last Name			
United St	tes Bankruptcy Court for the:	MIDDLE DISTRICT OF	FLORIDA			
Case num	ber					
(if known)						heck if this is an mended filing
Officia	IForm 106H					
Sched	ule H: Your Codeb	tors				12/15
together, b	are people or entities who are also th are equally responsible for so son the left. Attach the Addition tion.	ipplying correct informati	on. If more space is needed	d, copy the Additional F	Page, fill it out,	and number the entries
1. Do	you have any codebtors? (If you	are filing a joint case, do no	t list either spouse as a code	btor.		
■ No	S					
Califo ■ No	thin the last 8 years, have you liv rnia, Idaho, Louisiana, Nevada, Ne . Go to line 3. s. Did your spouse, former spouse,	w Mexico, Puerto Rico, Te	xas, W ashington, and W isco		ates and tern	itories include Arizona,
a cod	lumn 1, list all of your codebtors. ebtor only if that person is a guar ial Form 106E/F), or Schedule G	antor or cosigner. Makes	sure you have listed the cre	editor on Schedule D (O	fficial Form 10	
	Column 1: Your codebtor Name, Number, Street, City, State and ZIP Co	de		Column 2: The c		m you owe the debt
3.1	Name Number Street		700.1	Schedule D, line Schedule E/F, li Schedule G, line	ne	
	City	State	ZIP Code			
3.2	Name			_	ne	<u> </u>
	Number Street City	State	ZIP Code	_		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1
Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com Best Case Bankruptcy

Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number ((f known)	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Form 1061	MM/DD/YYYY
Schedule I: Your Income	12/15

ed top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. E m p lo y e d Employed If you have more than one job, **Employment status** attach a separate page with □ Notemployed □ Notemployed information about additional employers. Occupation **Accounts Payable** Welder Include part-time, seasonal, or **Embry Riddle Aeronautical** self-employed work. Employer's name Don Bell University Occupation may include student Employer's address or homemaker, if it applies. 600 S Clyde Morris Blvd. 365 Oak Place Daytona Beach, FL 32114 Port Orange, FL 32127 How long employed there? 16 years 8 years Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 2. 3.221.20 3,416.75 3. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 4. 3,221.20 3,416.75

Official Form 1061 page ₁ Schedule I: Your Income

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Debt	tor 1	Kelly OBrien Campbell	_	C a	ase number (if known	_	
			4.	1	For Debtor 1		or Debtor 2 or on-filing spouse
	Cop	y line 4 here	4.	1	3,221.20	\$	3,416.75
5.	List	all payroll deductions:					
	5 a .	Tax, Medicare, and Social Security deductions	5 a .	\$	428.86	\$	518.37
	5 b.	Mandatory contributions for retirement plans	5 b.	\$		\$	0.00
	5 c.	Voluntary contributions for retirement plans	5 c .	\$		\$	0.00
	5 d .	Required repayments of retirement fund loans	5 d .	\$		\$	0.00
	5 e .	Insurance	5 e .	\$		\$	0.00
	5 f.	Domestic support obligations	5 f.	\$		\$	0.00
	5 g .	Union dues	5 g .	\$	0.00	\$	0.00
	5 h.	Other deductions. Specify: Dental	5 h.+		11.95	+ \$	0.00
		Vision	_	\$	1.84	\$	0.00
		Life		\$	16.41	\$	0.00
		Parking		\$	8.46	\$	0.00
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	832.23	\$	518.37
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,388.97	\$	2,898.38
8.	8 b. 8 c. 8 d. 8 e. 8 f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include a limony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	8 a . 8 b . 8 c . 8 d . 8 e .	3	0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00
	8 g . 8 h .	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8 f. — 8 g . 8 h .+		0.00 0.00 0.00	\$ \$ + \$	0.00 0.00 0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00
10.	Calc Add	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	_	2,388.97 + \$ _	_	2,898.38 = \$ 5,287.35
11.	In c lu o th e	e all other regular contributions to the expenses that you list in <i>Schedule J</i> - ade contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	·		•		

Official Form 1061 Schedule I: Your Income

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Deb	Kelly OBrien Cam	pbell Case number (if known) _			
12.	Add the amount in the las Write that amount on the if it applies	at column of line 10 to the amount in line 11. The result is the combined monthly income. Summary of Schedules and Related Summary of Certain Liabilities	Data,	12.	\$5,287.35
13.	Do you expect an increas	e or decrease within the year after you file this form?			monthly income
	No.	•			
	☐ Yes. Explain:				

Official Form 1061 Schedule I: Your Income

Fill in this information to identify your case:			
Debtor 1 Kelly OBrien Campbell Debtor 2 (S pouse, if filing)		Check if this is: An amended filing A supplement showing postpetition chapter 13 expenses as of the following date:	
		·	•
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA		MM / DD / YYY	YY
Case number (If known)			
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are filling more space is needed, attach another sheet to this form. On the top of a every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses 2. Do you have dependents? Do not list Debtor 1 and Pebtor 2. Do not state the dependents names.	ny additional pages, w	ehold of Debtor 2.	Does dependent live with you? No Yes No Yes No Yes No No
3. Do your expenses include expenses of people other than yourself and your dependents? N 0 Y e s			Yes
Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are a date after the bankruptcy is filed. If this is a supplemental <i>Schedule</i> .	=		
Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule 1: Your Income</i> (Official Form 106I.)		Your expenses	
The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot.	e first mortgage	4. \$	1,435.00

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Debtor 1	Kelly OBrien Campbell	Case number (if known)	
If no	ot included in line 4:		
4 a .	Realestate taxes	4 a . \$	0.00
4 b .	Property, homeowner's, or renter's insurance	4 b . \$	0.00
4 c .	Home maintenance, repair, and upkeep expenses	4 c . \$	200.00
4 d .	Homeowner's association or condominium dues	4 d . \$	0.00
5. Add	itional mortgage payments for your residence such as home equity loans	5. \$	955.00

Debtor 1 Kelly OBrien Campbell	Case number (if known)
	
Utilities:	/ - 6
6a. Electricity, heat, natural gas6b. Water, sewer, garbage collection	6a. \$ 6b. \$ 230.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6.00
6d. Other. Specify:	500.00
	7
1 ood and housekeeping supplies	800.00
Childcare and children's education costs	8. \$ 0.00
Clothing, laundry, and dry cleaning	9. \$ 100.00
Personal care products and services	10. \$ 50.00
Medical and dental expenses	11. \$ 300.00
Transportation. Include gas, maintenance, bus or train fare.	
Do not include car payments.	12. \$ 350.00
Entertainment, clubs, recreation, newspapers, magazines, and book	12 6
Charitable contributions and religious donations	14 6
Charlable contributions and religious donations	0.00
 Insurance. Do not include insurance deducted from your pay or included in line 	s A or 20
15a. Life insurance	15a. \$
15a. Life insurance 15b. Health insurance	156 6
150. Health insurance 15c. Vehicle insurance	150 6
	15d. \$ 100.00
15d. Other insurance. Specify:	0.00
· Taxes. Do not include taxes deducted from your pay or included in li	
Specify:	16. \$ 0.00
Installment or lease payments:	
17a. Carpayments for Vehicle 1	17a. \$ 0.00
17b. Carpayments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify:	17c. \$ 0.00
17d. Other. Specify:	17d. \$ 0.00
Your payments of alimony, maintenance, and support that you did no	
from your pay on line 5, Schedule 1, Your Income (Official Form	10 ¢
Other payments you make to support others who do not live with you	¢
Specify:	19. 0.00
Other real property expenses not included in lines 4 or 5 or this form	
20a. Mortgages on other property	20a. \$ 0.00
20b. Realestate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
Other: Specify: Spouse's Credit Cards	21. +\$ 160.00
Calculate your monthly expenses	
Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 5,270.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Office	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 5,270.00
Calculate your monthly not income	
Calculate your monthly net income.	July 1
23a. Copy line 12 (your combined monthly income) 23b. Copy your monthly expenses from line 22c above.	5,287.35
230. Copy your monthly expenses from line 22c above.	23b\$ 5,270.00
22. Cubback as a subback as a s	
23c. Subtract your monthly expenses from your monthly income.	23c. \$
The result is your monthly net income	^{23t.} ³ 17.35
Do you expect an increase or decrease in your expenses within the y	year after you file this form? or do you expect your mortgage payment to increase or decrease because of a
Yes. Explain here:	
-	

Fill in this informat	ion to identify your cas	e:			
Debtor 1	Kelly OBrien Camr	bbell			
	Kelly OBrien Camp	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankr	uptcy Court for the:	MIDDLE DISTRICT OF	F L O R ID A		
Case number (if known)					☐ Check if this is an amended filing
Official Form	106Dec				
Declaration	on About an	Individual De	ebtor's Schedules		12/15
You must file this for property by fraud in 1519, and 3571. Sign B Did you pay o	rm whenever you file ban connection with a ban	ankruptcy schedules or ame kruptcy case can result in fi		ent for up to 20 y	ing property, or obtaining money or years, or both. 18 U.S.C. §§ 152, 1341, 18 U.S.C. §§ 152, 1341, 18 U.S.C. §§ 152, 1341, 19 U.S.C. §§ 152, 1341, 18
	of perjury, I declare th	at I have read the summary	and schedules filed with this decla	aration and	
	OBrien Campbell		X Signature of Dobtor 2		
Kelly OB Signature	rien Campbell of Debtor 1		Signature of Debtor 2		
Date <u>Ju</u>	ıly 31, 2019		D ate		

Official Form 106Dec

E.11	la dela la farma d						
	btor 1	tion to identify your ca	se:				
De	וטוטו ו	Kelly OBrien Can	npbell Middle Name	Last Name			
	btor 2 ouse if, filing)	First Nam e	Middle Name	Last Name			
Un	ite d S ta te s B a n	kruptcy Court for the:	MIDDLE DISTRICT OF F	L O R ID A			
	se number nown) —						neck if this is an nended filing
0 f	ficial For	m 107					
Sta	atement o	f Financial Af	fairs for Individua	ls Filing for Bankr	uptcy		4/19
Bea	as complete and	accurate as possible. I	f two married people are filing this form. On the top of any a	together, both are equally re	sponsible for supply	ing correct in	nformation. If more
_		•	ital Status and Where You Liv	, , ,	ine and case numbe	r (ii kilowil).	Answar evary question.
1.		current marital status?					
	■ Married □ Notmarri						
2.	During the las	t 3 years, have you live	ed anywhere other than where	you live now?			
	■ No		,	•			
		all of the places you liv	ed in the last 3 years. Do not incl	ude where you live now.			
	Debtor 1 Prio	or Address:	Dates Debtor 1 li there	ved Debtor 2 Prior Add	lress:		Dates Debtor 2 lived there
3. terri	Within the las	t 8 years, did you ever izona, California, Idaho	live with a spouse or legal equi , Louisiana, Nevada, New Mexi	valent in a community prope co, Puerto Rico, Texas, Washin	rty state or territory gton and Wisconsin.	? ⁽ Communii)	ty property states and
	■ No						
	Y es. M ak	e sure you till out <i>Sch</i> e	dule H: Your Codebtors ^{(Officia}	FORM 106H).			
Pai	rt 2 Explain	the Sources of Your I	ncome				
4.	Fill in the total	amount of income you i	oyment or from operating a bu eceived from all jobs and all bus ve income that you receive toge	inesses, including part-time act	ivities.	lar years?	
	□ No ■ Yes. Fill i	n the details.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incon Check all that ap		Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips							
Operating a business							

Official Form 10

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Debtor 1 Kelly OBrien Campbell Case							se number (_{if knowr})			
			D	Debtor 1			Debtor 2			
			-	ources of income heck all that apply.		income e deductions and ions)	Sources of inco Check all that a		Gross income (before deductions and exclusions)	
	last calend	dar year: December 31	, 2018) b	■ Wages, commissions, onuses, tips		\$78,839.00	□ Wages, com bonuses, tips	m is s io n s ,		
			С	Operating a business			□ Operating a	b u s in e s s		
		dar year befo December 31	2017\	Wages, commissions, onuses, tips		\$73,518.00	□ Wages, com bonuses, tips	m is s io ns,		
			Г	Operating a business			□ Operating a	b u s in e s s		
5.	filing a joi List each s	int case and yo	; pensions; rental i u have income tha gross income fron	g this year or the two previ- income is taxable. Examples ncome; interest; dividends; m at you received together, list i n each source separately. Do	it only ond	e under Debtor 1.	royalties; and gambii	Security, uner .ng and lottery	nployment, and other winnings. If you are	
			D	obtor 1			Dobtor 2			
			S	ebtor 1 ources of income escribe below.	each	income from source e deductions and ions)	Debtor 2 Sources of inco Describe below		Gross income (before deductions and exclusions)	
		dar year befo December 31		ension		\$2,396.00				
Par 6.		r Debtor 1's of Neither Deprimarily for During the No. Yes * Subject to Debtor 1 of Debtor 1 of Neither Periods * Subject to Debtor 1 of Neither Periods	or Debtor 2's debebtor 1 nor Debtor 1 nor Debtor 1 a personal, fami 90 days before you Go to line 7. List below each creditor. Do not to an attorney for o adjustment on 4. T Debtor 2 or bot 90 days before you Go to line 7. List below each	ts primarily consumer debt r 2 has primarily consumer ly, or household purpose." u filed for bankruptcy, did your did to the word of the	s? u pay any total of \$6 tic suppor r that for co debts. u pay any total of \$6	creditor a total of \$6 5,825* or more in one t obligations, such as asses filed on or after creditor a total of \$6	,825* or more? or more payments a child support and ali the date of adjustme 00 or more?	and the total ar imony. Also, o nt.	nount you paid that lo not include payments Do not include	
	Creditor	's Name and	Address	Dates of paymen	nt	Total amount paid	Amount you still owe	Was this p	ayment for	

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Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for						
	Loan Care Servicing Attn: Consumer Solutions Dept Po Box 8068 Virginia Beach, VA 23450	May, June & July 2019	\$4,306.56	\$135,277.00	■ Mortgage Car Credit Card Loan Repayment Suppliers or vendors Other —						
	Bank of America Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro, NC 27410	May, June & July 2019	\$2,865.00	\$85,090.71	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other □						
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partners of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing age a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child salimony. No Yes. List all payments to an insider.											
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment						
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.										
	Y es. List all payments to an insider										
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name						
Par	t 4: Identify Legal Actions, Repossessions, and	nd Foreclosures									
9.	Within 1 year before you filed for bankruptcy, List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.	were you a party in any laws cases, small claims actions	suit, court action, or , divorces, collectio	administrative proc n suits, paternity ac	ceeding? tions, support or custody						
	Case title Case number	Nature of the case	Court or agency		Status of the case						
	Midland Funding LLC vs. Kelly Campbell 2019-12988-CODL	Collections	Volusia County Daytona Beach,		■ Pending □ On appeal □ Concluded						

Debtor 1

Kelly OBrien Campbell

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Debt	tor 1 Kelly OBrien Campbell			Case number (_{if known})					
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details	iptcy, was any o	of your property repossessed, for	eclosed, garnished, attached, sei	zed, or levied?				
	No. Go to line 11. Yes. Fill in the information below.								
	Creditor Name and Address	Descri	ibe the Property	Date	Value of the property				
		Explai	in what happened						
	Within 90 days before you filed for banks refuse to make a payment because you ov ■ No Yes. Fill in the details.		creditor, including a bank or final	ncial institution, set off any amour	nts from your accounts or				
	Creditor Name and Address	Descri	ibe the action the creditor took	Date action wa	as Amount				
	Within 1 year before you filed for bankru receiver, a custodian, or another official ■ No Yes		of your property in the possession	n of an assignee for the benefit of	creditors, a court-appointed				
Part	5: List Certain Gifts and Contributio	ns							
13.	Vithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$60 person	00 per	Describe the gifts	Dates you gav the gifts	e Value				
	Person to Whom You Gave the Gift and Address:								
14. ,	Within 2 years before you filed for bankr ■ No		give any gifts or contributions wit	h a total value of more than \$600	to any charity?				
	Yes. Fill in the details for each gift or Gifts or contributions to charities that to		Describe what you contributed	Dates you	Value				
	than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod		rescribe what you contributed	contributed	value				
Dowl		е							
Part									
15.	Within 1 year before you filed for bankru	uptcy or since y	ou filed for bankruptcy, did you lo	ose anything because of theft, fire,	other disaster, or gambling?				
	■ No □ Yes. Fill in the details.								
	Describe the property you lost and how the loss occurred	Include the	any insurance coverage for the loe a mount that insurance has paid claims on line 33 of Schedule A/B	d. List pending	Value of property lost				

Part 7: List Certain Payments or Transfers

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about
Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy
Page 4

Debtor 1 Kelly OBrien Campbell

Case number (_{if known})

	seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.									
	NoY es. Fill in the details.									
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and va transferred	lue of any property		Date payment or transfer was made	Amount of payment				
	Sheryl S Zust PA 4649 Clyde Morris Blvd. Suite 610 Port Orange, FL 32129	Attorney Fees- \$ Filing Fee- \$335 Credit Report- \$4			July 2019	\$1,900.00				
	Within 1 year before you filed for bankruptcy, d you deal with your creditors or to make paymen Do not include any payment or transfer that you list No Yes. Fill in the details.		ng on your behalf pa	y or transfer a	any property to anyo	one who promised to help				
	Person Who Was Paid Address	Description and va	lue of any property		Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.									
	Person Who Received Transfer Address Person's relationship to you	Description and val transferred	lue of property		y property or eceived or debts lange	Date transfer was made				
19.	Within 10 years before you filed for bankruptcy, (These are often called asset-protection devices. No Yes. Fill in the details.	did you transfer any prop	perty to a self-settled	d trust or simi	ilar device of which	you are a beneficiary?				
	Name of trust	Description and va	lue of the property to	ransferred		Date Transfer was made				
Par	8: List of Certain Financial Accounts, Instru	ments, Safe Deposit Boxes	s, and Storage Units							
20.	Within 1 year before you filed for bankruptcy, w transferred? Include checking, savings, money market, or oth funds, cooperatives, associations, and other finar No Yes. Fill in the details.	er financial accounts; cert								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	clos	e account was ed, sold, moved, ransferred	Last balance before closing or transfer				

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Del	otor 1 k	Celly OBrien Campbell		Case number (_{if known})				
21.	Do you r valuable	now have, or did you have within 1 year befoes?	re you filed for bankruptcy, any safe	deposit box or other depository for secu	ırities, cash, or othe			
	■ No	s. Fill in the details.						
		of Financial Institution S (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
22.	_ `	u stored property in a storage unit or place o	ther than your home within 1 year bo	efore you filed for bankruptcy?				
	■ No ■ Yes. Fill in the details.							
		of Storage Facility S (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
Pai	t 9:	lentify Property You Hold or Control for Som	neone Else					
23.	Do you h	nold or control any property that someone else	e owns? Include any property you bor	rrowed from, are storing for, or hold in t	rust for someone.			
	□ No	s. Fill in the details.						
		s Name S (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
	4241 C	n Campbell Quail Nest Lane myrna Beach, FL 32168	Bank of America	Checking (#9895) & Savings (#8087) Account	\$32.92			
Pai	rt 10: G	ive Details About Environmental Information	1					

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Deb	tor 1	Kelly OBrien Campbell	Ca	Case number (_{if known})							
24.	Has any governmental unit notified you that you may be liable or potentially liable under on the No					violation of an environmental law?					
		Yes. Fill in the details.									
		ne of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice				
25.	Hav	e you notified any governmental unit of any	relea	ase of hazardous material?							
		No Yes. Fill in the details.									
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice				
26.	Hav	e you been a party in any judicial or admini	strativ	ve proceeding under any environme	ental	law? Include settlements and orders.					
		No Yes. Fill in the details.									
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case				
Par	11:	Give Details About Your Business or Con	nectio	ons to Any Business							
27.	With	in 4 years before you filed for bankruptcy,	did yo	ou own a business or have any of th	e foll	owing connections to any business?					
		☐ A sole proprietor or self-employed in a	trade	e, profession, or other activity, either	r full-	time or part-time					
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
		☐ A partner in a partnership	tnership								
		☐ An officer, director, or managing execu	ıtive c	of a corporation							
		☐ An owner of at least 5% of the voting of	r equi	ity securities of a corporation							
■ No. None of the above applies. Go to Part 12.											
		Yes. Check all that apply above and fill in	the d	etails below for each business.							
	Address			Describe the nature of the business Name of accountant or bookkeeper		Employer Identification number Do not include Social Security number or ITIN.					
						Dates business existed					

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Debt	Kelly OBrien Campbell		Case number (_{if known})
	Within 2 years before you filed for bankruptcy creditors, or other parties.	, did you give a financial statement to anyone	e about your business? Include all financial institutions,
	■ No ■ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part	12: Sign Below		
corre can r 18 U		t, concealing property, or obtaining money or	e under penalty of perjury that the answers are true and property by fraud in connection with a bankruptcy case
	y OBrien Campbell nature of Debtor 1	Signature of Debtor 2	
Date	July 31, 2019	Date	
Did y ■ N		of Financial Affairs for Individuals Filing for Ba	ankruptcy (Official Form 107)?
Did y ■ N	ou pay or agree to pay someone who is not ar	n attorney to help you fill out bankruptcy form	s?
	as Nama of Parson Attach the	untry Petition Prenarer's Notice Declaration, an	(Official Form 119).

			_
Fill in this information to identify ye	our case:		
Debtor 1 Kolly OPrior	Campball		
Debtor 1 Kelly OBrien	Middle Name	Last Name	
Debtor 2 (Spouse if, filing) First Name	Middle Name	LastName	
	MIDDLE DISTRIC		
United States Bankruptcy Court for th	ne: MIDDLE DISTRIC	I OF FLORIDA	
Case number			
(if known)			Check if this is an amended filing
Official Form 100			
Official Form 108			
Statement of Intent	ion for Individ	uals Filing Under Chapter 7	12/15
If you are an individual filing under	· · ·	this form if:	
creditors have claims secured by		1	
you have leased personal propert You must file this form with the cour		⁻ ea. ile your bankruptcy petition or by the date set for the r	meeting of creditors, whichever is
		ou must also send copies to the creditors and lessors you	
If two married people are filing togetorm.	ether in a joint case, both are	equally responsible for supplying correct information	. Both debtors must sign and date the
Be as complete and accurate as poss and case number (if know		, attach a separate sheet to this form. On the top of any	y additional pages, write your name
List Your Creditors Who	o Have Secured Claims		
 For any creditors that you listed in below. 	n Part 1 of Schedule D: Cred	ditors Who Have Claims Secured by Property (Official	Form 106D), fill in the information
Identify the creditor and the prope	erty that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
		secui es a dept?	exempt on schedule c?
Creditor's Bank of America		☐ Surrender the property.	□ N o
name:		Retain the property and redeem it.	■ Yes
Description of 4241 Quail N	est Lane New Smyrna	Retain the property and enter into a Reaffirmation	— 1 63
	168 Volusia County	Agreement. ☐ Retain the property and [explain]:	
securing debt:			
Creditor's Loan Care Service	cina	☐ Surrender the property.	□ N o
name:	9	☐ Retain the property and redeem it.	
Description of 4241 Quail N	est Lane New Smyrna	lacksquare Retain the property and enter into a <i>Reaffirmation</i>	Y es
· 4241 Quali N	168 Volusia County	Agreement. Retain the property and [explain]:	
securing debt:		k. chord and forking.	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Official Form 108

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Debtor 1	Kelly OBrien Campbell	Case number (if known)	
Describe	our unexpired personal property leases		Will the lease be assumed?
Lessor's na Description			□ No
Property:	To the ascu		☐ Yes
Lessor's na Description			□ No
Property:	1.01.10350		☐ Yes
Lessor's na Description			□ No
Property:			☐ Yes
Lessor's na Description			□ No
Property:			☐ Yes
Lessor's na Description			□ No
Property:			☐ Yes
Lessor's na Description			□ No
Property:			☐ Yes
Lessor's na Description			□ No
Property:			☐ Yes
Part 3:	Sign Below		
Under pena	alty of perjury, I declare that I have indicated my intention about any an unexpired lease.	property of my estate that secures a del	ot and any personal property that is
		Signature of Debtor 2	
Kelly Signa	y OBrien Campbell ture of Debtor 1	Signature of Devict 2	
Date	July 31, 2019) ate	

Fill in this information to identify your case:					irected in this form and	l in Form
Debtor 1 Kelly OBrien Campbell				2 A - 1 S upp:		
Debtor 2 (Spouse, if filling)				□ ^{1. The re is no pre s}	umption of abuse	
United States Bankruptcy Court for the: Mid	dle District of Florid	l a			to determine if a presur	
			_	applies will be n	nade under fficial Form 122A-2).	' Means Test
(if known)			_ ,	□ 3. The Means Test	does not apply now be	cause of
				•	y service but it could ap	ply later.
				☐ Check if this is a	n amended filing	
Official Form 122A - 1						
Chapter 7 Statement of You	ur Current I	Monthly	, Income	1		12/1!
- Statement of To		- VIOITIII)				
Be as complete and accurate as possible. If two marrisheet to this form. Include the line number to which the believe that you are exempted from a presumption of Statement of Exemption from Presumption of Part 1: Calculate Your Current Monthly In	e additional information abuse because you do not abuse Under § 7	on applies. On o not have prim	the top of any ac	dditional pages, write you debts or because of quali	r name and case number	(if known). If you
1. What is your marital and filing status? Ch	eck one only.					
☐ Married and your spouse is filing with		olumns A an	d B. lines 2-11	l.		
■ Married and your spouse is NOT filing	•			s Δ and R lines 2-11		
■ Living in the same household and a □ Living separately or are legally sep	re not legally separ	mn A lines	2-11: do not fil	Il out Column R Rych	erking this hax you do	clare under
Living separately or are legally sep penalty of perjury that you and you living apart for reasons that do not	r spouse are legall	y separated	undernonban	kruptcy law that appli	es or that you and your	spouse are
Fill in the average monthly income that you receive xample, if you are filing on September 15, the 6-add the income for all 6 months and divide the to same rental property, put the income from that pr	alby 6. Fill in the resu	ılt. Do not incli	ude any income	amount more than once	. For example , if both spou	01(10A). For g the 6 months, uses own the
				Column A	Column B	
				Debtor 1	Debtor 2 or	
2. Your gross wages salary tips happens		(he	fore all		non-filing spouse	
payroll deductions).				\$ 3,221.20	\$ 3,416.75	
3. Alimony and maintenance payments. Do Column B is filled in.	not include paymer	nts from a sp	ouse if	\$ 0.00	\$ 0.00	
4. All amounts from any source which are re	egularly paid for ho	usehold expe	enses of you	0.00		
or your dependents, including child supp unmarried partner, members of your hou	ort. Include regular sehold, your depen	c o n trib u tio n s d e n ts , p a re r	s from an its, and			
room mates. Include regular contributions	•	y if Column I	B is not fille d	\$ 0.00	¢	
in. Do not include payments you listed on	•			0.00	0.00	
Net income from operating a business, p	ofession, or farm	Deh	tor 1			
Gross receipts (before all deductions)	\$	0.00	-			
Ordinary and necessary operating expen	ses _\$	0.00				
Net monthly income from a business, pro	fession, or farm \$	0.00	Copy here ->	\$ 0.00	\$ 0.00	

⁶. Net income from rental and other real property

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Kelly OBrien Campbell	Case number (if known)
	Debtor 1
Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00 Copy here -> \$ 0.00 \$ 0.00
7. Interest, dividends, and royalties	\$\$0.00

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Debtor	¹ <u>Kelly OBrien Campbell</u>			Case number	(if known		
				Column A Debtor 1		Column B Debtor 2 or	
_				•		non-filing sp	oouse
	Unemployment compensation Do not enter the amount if you contend that the amoun under the Social Security Act. Instead, list it here:	treceived was a benefil	t	\$	0.00	\$	0.00
	For you \$	0.0	00_				
	For your spouse \$	0.0	00				
9.	Pension or retirement income. Do not include any amou enefit under the Social Security Act.	ınt received that was a		\$	0.00	\$	0.00
	ncome from all other sources not listed above. Specify not include any benefits received under the Social Secus a victim of a war crime, a crime against humanity, or errorism. If necessary, list other sources on a separate	r in te rn a tional or dom e s	tic				
				\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages, if any.		_	\$			
	Total amounts from Separate pages, harry.		+	Ψ 	0.00		0.00
11.	Calculate your total current monthly income. Add lines 2 olumn. Then add the total for Column A to the total for	2 through 10 for each Column B.	\$	3,221.20	+ \$	3,416.75	= \$ 6,637.95 Total current monthly
Part 2							income
12.	Calculate your current monthly income for the year. Fol	low these steps:					
	2a. Copy your total current monthly income from line 1			Сору	line 11 h	ere=>	6,637.95
	Multiply by 12 (the number of months in a year)						x 12
	2b. The result is your annual income for this part of th	e form				12b.	\$79,655.40_
13.	Calculate the median family income that applies to you.	Follow these steps:					
	ill in the state in which you live.	FL					
	ill in the number of people in your household.	3					
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go or this form. This list may also be available at the bank	online using the link sp	e c ifie d'i	n the separat	e instruc	13. tions	\$66,872.00
	How do the lines compare? Line 12b is less than or equal to line 13. O Go to Part 3. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.						
Part :	Sign Below						
	By signing here, I declare under penalty of perjury	that the information on	this sta	te m e nt a nd in	n any atta	achments is tru	ue and correct.
	X /s/ Kelly OBrien Campbell						
	Kelly OBrien Campbell						

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Deblor 1 Kelly OBrien Campbell	Case number (if known)
Signature of Debtor 1	
Date July 31, 2019 MM / DD / YYYY	
If you checked line 14a, do NOT fill outor file Form 122A-2.	
If you checked line 14b, fill out Form 122A-2 and file it with this form	n .

Fill in this information to identify your	case:
Debtor 1 Kelly OBrien Campbe	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	Middle District of Florida
Case number (if known)	

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this
S ta te m e n t:
■ 1. There is no presumption of abuse.
_
2. There is a presumption of abuse.
Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Par	t 1:	Determine Your Adjusted Income						
1.	Сору	your total current monthly income.	Copy line 11 from	Of	ficial Form 122A-1 here=>······		\$	6,637.95
2.	Did y	ou fill out Column B in Part 1 of Form 122A-1? D. Fill in \$0 for the total on line 3.						
	Y 6	es. Is your spouse Filing with you?						
		No. Go to line 3.						
		Yes. Fill in \$0 for the total on line 3.						
3.	Adjus hous	st your current monthly income by subtracting any part o ehold expenses of you or your dependents. Follow these	f your spouse's inc	om	e not used to pay for the			
		ne 11, Column BofForm 122A–1, was any amount of th nses of you or your dependents?	e income you repo	rte	d for your spouse NOT regularly	used	for the h	o u s e h o ld
	п N	o. Fill in 0 for the total on line 3.						
	□ Y €	es. Fill in the information below:						
		State each purpose for which the income was used			Fill in the amount you			
		For example, the income is used to pay your spouse's	tax debt or to		are subtracting from			
		support other than you or your dependents.			your spouse's income			
		Husband's credit card payments		\$	160.00			
				\$				
				,				
				\$				

Official Form 122A-2

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D e b	Kelly OBrien Campbell	Case number (known		
	Total.	\$ 160.00			
			Copy total here=>	- \$ _	160.00
4.	Adjust your current monthly income. Subtract line 3 from line 1.			\$	6,477.95

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btor 1	Kelly OBrien Campbell	Case number (_{If known})
art 2:	Calculate Your Deductions from Your Income	
the o	uestions in lines 6-15. To find the IRS standards, go onlin nation may also be available at the bankruptcy clerk's off	Standards for certain expense amounts. Use these amounts to answer the using the link specified in the separate instructions for this form. This sice. Of your actual expense. In later parts of the form, you will use some of
your	actual expenses if they are higher than the standards. D	o not deduct any amounts that you subtracted fro your spouse's at you subtracted from in income in lines 5 and 6 of form 122A-1.
If you	rexpenses differ from month to month, enter the averag	e expense.
Whe	ever this part of the from refers to you , it means both you,	ou and your spouse if Column B of Form 122A-1 is filled in.
5.	The number of people used in determining your deductio	ns from income
	Fill in the number of people who could be claimed as exoplus the number of any additional dependents whom you the number of people in your household.	
Natio	nal Standards You must use the IRS National Standard	s to answer the questions in lines 6-7.
6.	Food, clothing, and other items: Using the number of ped iill in the dollar amount for food, clothing, and other items	uple you entered in line 5 and the IRS National Standards, s. \$
		of people you entered in line 5 and the IRS National Standards, fill in ber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are nal amount on line 22.
Peop	le who are under 65 years of age	
	7a. Out-of-pocket health care allowance per person	\$55.00_
	7b. Number of people who are under 65	Χ3
	Subtotal. Multiply line 7a by line 7b.	\$\$ Copy here=> \$165.00
Peop	le who are 65 years of age or older	
	7 d. Out-of-pocket health care allowance per person	\$114.00_
	7e. Number of people who are 65 or older	Х0_
	7f. Subtotal. Multiply line 7d by line 7e.	\$ Copy here=> +\$ 0.00

Debtor 1

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Nebtor 1 Kelly OBrien Campbell	Case numbe	(if known)	
7g. T _{otal.} Add line 7c and line 7f	\$165.00	Copy total here=> \$ 16	55.00

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Debtor 1 Kelly OBrien Campbell

Case number (
if known

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- Housing and utilities Mortgage or rent expenses:

 - 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Bank of America	\$ 1,435.52
Loan Care Servicing	\$ 955.00

		0		R e p e a t this
T		Сору		amounton
Total average monthly payment	\$ 2,390.52	here=>	-\$	2.390.52 line 33a.

9c. Net mortgage or rent expense.

If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

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Debtor 1	Kelly OBrien Campbell	Case number (if known	
	\square 0. Go to line 14.		
	\square 1. Go to line 12.		
	2 or more. Go to line 12.		
12.	Vehicle operation expense: Using the IRS Local Standards and the noperating expenses, fill in the Operating Costs that apply for your C	um ber of vehicles for which you claim the ensus region or metropolitan statistical area.	\$ 620.00

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btor 1	_Kelly OBrien Campbell		Case number (nown		
	Vehicle ownership or lease expense: Using the IRS LocalSt may not claim the expense if you do not make any loan or lethan two vehicles.	andards, calculate the ne ease payments on the vel	t ownership or nicle. In additio	lease exper n, you may	nse for each vehicle b not claim the expense	elow.You eformore
Veh	Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
	Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.	1.				
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0	Repeat this amount on line 33b.	
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$C	0 , e n te r \$ 0 .	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Veh	Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		. \$	0.00		
	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	2. Do not include costs fo	r			
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0.00	Repeat this amount on line 33c.	
	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0	0 , enter \$ 0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00

Debtor 1

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Debtor 1	Kelly OBrien Campbell Case number (if known)		
14.	Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Transportation. **Transportation** **Transportation*	ublic	\$ 0.00
15.	Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you it claim more than the IRS Local Standard for Public Transportation	may also nay not	\$ 0.00

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Debtor 1	Kelly OBrien Campbell		Case number (if known)		
Oth	ci Necessary Experises	ition to the expense deductions listed owing IRS categories.	above, you are allowed your monthly expenses	for	
16.	self-employment taxes, social secu your pay for these taxes. However,	rity taxes, and Medicare taxes. You m	ate and local taxes, such as income taxes, nay include the monthly amount withheld from you must divide the expected refund by 12 to pay for taxes.		
	Do not include real estate, sales, o	ruse taxes.		\$	931.80
17.	Involuntary deductions: The total m union dues, and uniform costs.	onthly payroll deductions that your job	o requires, such as retirement contributions,		
	Do not include amounts that are no	trequired by your job, such as volunt	ary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payments th	at you make for your spouse's term lif	rm life insurance. If two married people are fe insurance. Do not include premiums for life r for any form of life insurance other than	\$	16.41
19.	Court-ordered payments: The total agency, such as spousal or child su	monthly amount that you pay as requiuport payments.	ired by the order of a court or administrative		
	Do not include payments on past d	ue obligations for spousal or child sup	port. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly amou	nt that you pay for education that is ei	itherrequired:		
		hallenged dependent child if no public	education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amour	nt that you pay for childcare , such as I	babysitting, daycare, nursery, and preschool.		
	Do not include payments for any el	ementary or secondary school educat	tion.	\$	0.00
22.			amount that you pay for health care that is not reimbursed by insurance or paid by a		
	•	ly the amount that is more than the tot		\$	
	rayments for nealth insurance or h	ealth savings accounts should be liste	eu uniy in line 25.	Ψ	135.00
23.	you and your dependents, such as	pagers, call waiting, caller identification	et you pay for telecommunication services for on, special long distance, or business cell t of your dependents or for the production of		

Official Form 122A-2

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

25.00

3,898.21

income, if it is not reimbursed by your employer.

 $^{2\,4}\cdot$ Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

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Debtor 1	Kelly OBrien Campbell				Case number (if known		
Add	litional Expense Deductions	These are additio		*			
		Note: Do not incl	lude any expe	nse allowance	s listed in lines 6-24.		
25.	Health insurance, disability in disability insurance, and heal dependents.	surance, and health s th savings accounts t	savings accou that are reaso	nt expenses. ^T nably necessa	he monthly expenses for health insurand ry for yourself, your spouse, or your	е,	
	Health insurance		\$	346.22			
	D is a bility in surance		\$	0.00			
	Health savings account		+ \$	0.00			
	_						
	Total		\$	346.22	Copy total here=>	 	346.22
	Do you actually spend this to	talamount?					
	No. How much do you	ı actually spend?					
	Yes		\$				
26.	continue to pay for the reason	f your immediate fam	ily who is una	ble to pay for s	I monthly expenses that you will rly, chronically ill, or disabled member of each expenses. These expenses may 29A(b).	\$	0.00
27.	Protection against family viole you and your family under the	ence. The reasonably Family Violence Pre	necessary m evention and S	onthly expense ervices Actor	es that you incur to maintain the safety o other federal laws that apply.	f	
	By law, the court must keep t	he nature of these ex	penses confid	lential.		\$	0.00
28.	Additional home energy costs 8.	Your home energy (costs are inclu	ided in your in:	surance and operating expenses on line		
	If you believe that you have h 8, then fill in the excess amou			an the home e	nergy costs included in expenses on line	!	
	You must give your case trus amount claimed is reasonable		f your actual e	xpenses, and	you must show that the additional	\$	0.00
29.	Education expenses for deper per child) that you pay for you elementary or secondary sch	ndent children who ar ır dependent children ool.	re younger tha I who are your	ı n 18 . ^{The mon} ngerthan 18 ye	othly expenses (not more than \$170.83* ears old to attend a private or public		
	You must give your case trus claimed is reasonable and ne				you must explain why the amount 23.		
	* Subject to adjustment on 4/0	01/22, and every 3 ye	ears after that	for cases begu	un on or after the date of adjustment.	\$	0.00
30.	Additional food and clothing e than the combined food and c of the food and clothing allow				al food and clothing expenses are higher s. That amount cannot be more than 5%		
	To find a chart showing the m	aximum additionala!	llowance, go o	nline using the	e link specified in the separate		
	instructions for this form. This		-	-			
	You must show that the addit	ional amount claimed	d is reasonabl	e and necessa	ry.	\$	0.00

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

0.00

+ \$

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Debtor 1	Kelly OBrien Campbell	Case number (if known)	
	Add all of the additional expense deductions. Add lines 25 through 31.		\$346.22

Melly OBrien Campbell Case number (if known)

Deduc	ctions for Debt Payment					
ot To	her secured debt, fill in lines 33a throug o calculate the total average monthly pa	yment, add all amounts that are contractually				
c r	editor in the 60 months afteryou file for	bankruptcy. Then divide by 60.				
	Mortgages on your home:					verage monthly ayment
33a.	Copy line 9b here				=> \$	2,390.52
	Loans on your first two vehicles:					
33b.	Copy line 13b here				=> \$	0.00
33c.	Copy line 13e here				=>	0.00
33d.	List other secured debts:					
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes of insurance?		
				□ No		
	-NONE-			□ Yes	\$	
		_		— — No		
				V 0.5	\$	
		_			•	
				□ N ₀		
					+\$	
					Сору	
33e.	Total average monthly payment. Add li	nes 33a through 33d 	\$	2,390.52	total here=>	\$2,390.52
Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the Next, divide by 60 and fill in the information below.						
Name	e of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
-NO	NE-		\$	\$	÷ 60 = \$	
		Tot	al \$	0.00	Copy total here=>	\$0.00

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Debtor 1 Ke	elly OBrien Campbell	Case number (wn	
35. Do you due as	u owe any priority claims such as a priority tax, child support, or alimony - that a of the filing date of your bankruptcy case? 11 U.S.C. § 507 . Go to line 36 .	are past		
□ Ye	Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.			
	Total amount of all past-due priority claims	\$	0.00 ÷ 60 = \$	0.00

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Debtor 1	Kelly	OBrien Campbell		Casen	number (if known		
36. A F (re you e or more is truction	eligible to file a case under Chapter 13? ¹¹ U.S.C. § 109(e information, go online using the link for ns for this form. Bankruptcy Basics may also be availab). specifie sics le at the bar	d in the separa	a te s office.		
	No.	Go to line 37.					
-	Vac	Fill in the following information.					
_	_	Projected monthly plan payment if you were filing under	Chapter 13	\$			
		Current multiplier for your district as stated on the list is s Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for United (for all other districts).	tricts in Alal			_	
		To find a list of district multipliers that includes your distr the link specified in the separate instructions for this form be available at the bankruptcy clerk's office.				Copy tot	al
		Average monthly administrative expense if you were filin	g under Ch	apter 13	\$	here=>	\$
		of the deductions for debt payment. s 33e through 36.					\$2,390.52
Total	Deducti	ons from Income					
38. A	dd all of	the allowed deductions.					
(Copy lin	e ²⁴ , All of the expenses allowed under IRS e allowances	\$	3,898.21			
(Copy lin	e 32, All of the additional expense deductions	\$	346.22			
(Copy lin	e 37, All of the deductions for debt payment	+\$	2,390.52			
		T o ta I d e d u c tions	\$	6,634.95	Copy total here	·····=>	\$6,634.95
Part 3:	Det	ermine Whether There is a Presumption of Abuse					
³⁹ . C	alculate	monthly disposable income for 60 months					
3	39a.Co	py line 4, adjusted current monthly income	\$	6,477.95			
3	39b.Co	py line 38, Total deductions	_ \$	6,634.95			
	39c. Mo	nthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-157.00	Copy here=> ^{\$}	-1	57.00
ı	Forthei	next 60 months (5 years)			х 6	0	
;	^{39d.} Tot	tal. Multiply line 39c by 60	3 9 d .	\$	Copy here:	2	-9,420.00

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Kelly OBrien Campbell	Case number (if known)
$^{40}\cdot$ Find out whether there is a presumption of abuse. $^{\text{Check}}$ the box that	at applies:
■ The line 39d is less than \$8,175*. On the top of page 1 of this fo	rm , check box 1, There is no presumption of abuse. Go to Part 5.
☐ The line 39d is more than \$13,650*. On the top of page 1 of this Part 4 if you claim special circumstances. Go to Part 5.	form, check box 2, There is a presumption of abuse. You may fill out
$\hfill\Box$ The line 39d is at least \$8,175*, but not more than \$13,650*.	to line 41.
*Subject to adjustment on 4/01/22, and every 3 years after that for c	ases filed on or after the date of adjustment.

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tor 1	<u>Kelly</u>	OBrien Campbell	Case number (if known)
1.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 1065 um), you may refer to line 3b out that form.	n \$
	41b.	25% or your total nonpriority unsecured debt. ¹¹ U.S.C. § 707(b)(2)(A)(i)(I) Multiply line 41a by 0.25	Copy here=> \$
un	secure	e whether the income you have left over after subtracting all allowed deduction, nonpriority debt. box that applies:	ns is enough to pay 25% of your
	Line 3	199d is less than line 41b. On the top of page 1 of this form, check box 1, Ther Part 5.	re is no presumption of abuse.
	Line 3	199d is equal to or more than line 41b. On the top of page 1 of this form, check You may fill out Part 4 if you claim special circumstances. Then go to Pa use.	box ² , There is a presumption art 5.
t 4:	Giv	e Details About Special Circumstances	
Do yo alterr	ou have native?	any special circumstances that justify additional expenses or adjustments of 11 U.S.C. § $707(b)(2)(B)$.	current monthly income for which there is no reasonable
■ N	o. Go	to Part 5.	
□ ^Y		in the following information. All figures should reflect your average monthly e n. You may include expenses you listed in line 25.	xpense or income adjustment for each
	n e o	umust give a detailed explanation of the special circumstances that make the essary and reasonable. You must also give your case trustee documentation ustments.	
	G	ive a detailed explanation of the special circumstances	Average monthly expense or income adjustment
			\$
			\$
	_		\$
	_		\$
t 5:	_	n Below	
	Bysiq	ning here, I declare under penalty of perjury that the information on this state	ment and in any attachments is true and correct.
		Kelly OBrien Campbell	
	Ke	lly OBrien Campbell	

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Debtor 1	Kelly OBrien Campbell	Case number (if known	
	Signature of Debtor 1		
D a te	July 31, 2019 MM / DD / YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts.

are defined in 11 U.S.C.

Consumer debts
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chap	ter 7:	Liquidation
	\$245	filing fee
	\$75	a d m in is tra tive fee
+	\$15	trustee surcharge
	\$335	to ta I fe e

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obliqations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or the ft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcoholor drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount.

Monthly Income \ individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, Chapter 7 Means Test Calculation (Official Form 122 A-2).

If your income is above the median for your state, you must file a second form — the

must file a second form — the Chapter 7 Means Test
Calculation
on the form — sometimes called the
— deduct from your income living expenses and
Test
payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test'* the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Claim as Exempt list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$550 \$1,717 total fe e

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or the ft.

debts for fraud or defalcation while acting in a fiduciary capacity,

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\$200 filing fee \$75 administrative fee \$275 to ta I fe e

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 to ta I fe e

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a ... If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit

And Debt Counselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

In re Kelly OBrien Campbell	Debtor(s)	Case No. Chapter	7			
VERIFICATION OF CREDITOR MATRIX						
The above-named Debtor hereby verifies that to	he attached list of creditors is true and	I correct to the best	t of his/her knowledge.			
Date: July 31, 2019	/s/ Kelly OBrien Campbell Kelly OBrien Campbell Signature of Debtor					
Date: July 31, 2019	/s/ Sheryl S Zust Signature of Attorney Sheryl S Zust 0934259 Sheryl S Zust PA 4649 Clyde Morris Blvd.					

Kelly OBrien Campbell 4241 Quail Nest Lane New Smyrna Beach FL 32168 Bank of America Attn: Bankruptcy NC4-105-02-77 Po Box 26012 Greensboro NC 27410 Credit One Bank N.A.
c/o LVNV Funding/Resurgent Capita
Attn: Bankruptcy
Po Box 10497
Greenville S C 29603

Sheryl S Zust Sheryl S Zust PA 4649 Clyde Morris Blvd. Suite 610 Port Orange, FL 32129 Bank of America PO Box 660807 Dallas TX 75266-0807 East Central FL Outpt Imaging LL PO Box 678454 Dallas TX 75267

Advent Health 417 Bridge St. Danville VA 24541 Bank of America PO Box 26249 Tampa FL 33623-6249 Loan Care Servicing Attn: Consumer Solutions Dept Po Box 8068 Virginia Beach VA 23450

Advent Health New Smyrna Beach PO Box 865512 Orlando FL 32886-5512 Capital One Bank Usa N.A. c/o Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd Norfold VA 23502 Loancare PO Box 37628 Philadelphia PA 19101-0628

AdventHealth New Smynra Beach PO Box 865512 Orlando FL 32886-5512

Citibank/The Home Depot Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis MO 63179 Midland Funding PO Box 740616 Atlanta GA 30374

Apria Healthcare PO Box 536841 Atlanta GA 30353 Comenity Bank c/o Midland Funding 2365 Northside Dr Ste 300 San Diego CA 92108 My Port Orange Dentist 938 Bridgewater Dr. Unit 3B Port Orange FL 32129

AR strat LLC PO Box 790113 Saint Louis MO 63179-0113 Comenity Bank/Bealls Florida Attn: Bankruptcy Po Box 182125 Columbus OH 43218 Payal Chatani, Esq. PO Box 290335 Tampa FL 33687

Asset Recovery Solutions 2200 E Devon Ave Ste 200 Des Plaines IL 60018 Credit First National Association Attn: Bankruptcy Po Box 81315 Cleveland OH 44181 Radiology Imaging Associates PO Box 678436 Dallas TX 75267-8436

Bank of America Attn: Bankruptcy Po Box 982238 ElPaso TX 79998 Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas NV 89193 Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando FL 32896 Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando FL 32896 B 2 0 3 0 (Form 2 0 3 0) (1 2 / 1 5)

United States Bankruptcy Court Middle District of Florida

	1	vildale District of Florida				
In re	Kelly OBrien Campbell		Case No.			
	•	Debtor(s)	Chapter	_7		
	DISCLOSURE OF COMP	ENSATION OF ATTOI	RNEY FOR DI	EBTOR(S)		
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplatio	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to)	
	For legal services, I have agreed to accept		\$	1,900.00		
	Prior to the filing of this statement I have receive	d	\$	1,900.00		
	Balance Due		\$	0.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed cor	mpensation with any other person	unless they are mem	bers and associates of my law fir	m.	
	☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results.					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Drafting of Petition and Schedules; exemple as needed; attendance at meeting of cred	tatement of affairs and plan which litors and confirmation hearing, ar ption planning; preparation and	may be required; and any adjourned hea	urings thereof;	ns	
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any disclosed actions, relief from stay actions, objection	hargeability actions, judicial lie	n avoidances, relie		1	
		CERTIFICATION				
	I certify that the foregoing is a complete statement of annual proceeding.	any agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in		
J	uly 31, 2019	/s/ Sheryl S Zust				
	Date	Sheryl S Zust 0934				
		Signature of Attorne Sheryl S Zust PA	У			
		4649 Clyde Morris	Blvd.			
		Suite 610 Port Orange, FL 32	129			
		(386) 258 3900 Name of law firm				